



Child Health and Development Institute of Connecticut, Inc.

March 16, 2012

**TESTIMONY REGARDING RAISED BILL No. 373 AN ACT CONCERNING HEALTH AND SAFETY IN CHILD CARE FACILITIES**

Submitted to: The Committee on Public Health

By: Judith Meyers, Ph.D. – President and CEO, Child Health and Development Institute of Connecticut (CHDI) and the Children's Fund of Connecticut

Senator Gerratana, Representative Ritter, and other members of the Public Health Committee, I am President of the Children's Fund of Connecticut and its subsidiary, the Child Health and Development Institute of Connecticut (CHDI). Our mission is to promote primary and preventive health and mental health care for all children in Connecticut, with a particular focus on the underserved. Our Board Members include key state leaders in health care and members of the academic and business community who are committed to improving health and mental health outcomes for children in Connecticut. Based on a Framework for Child Health, a report prepared by Dr. Paul Dworkin, Lisa Honigfeld and myself, one key focus of our work is to promote a fully integrated system that coordinates early care and education with a comprehensive healthcare network to ensure optimal healthy child development and readiness for school success. For children to grow up healthy, they have to be in environments that are safe and healthy. This is especially true when we are considering the early care and education system.

To better understand the importance of health issues in early care and education settings, we provided a grant to researchers at Yale (Drs. Angela Crowley, Yale School of Nursing, and Marjorie Rosenthal, Yale School of Medicine) to conduct a study of the results of unannounced licensing inspections in licensed child care centers and family day care homes. The findings of the study are described in a report, copies of which I have brought with me to the hearing. Dr. Rosenthal will speak before you today to summarize the research.

Based on the study findings, four recommendations were offered. I am pleased to report that several of these recommendations have already been addressed. Largely with over \$1 million in funding from the 2010 Patient Protection and Affordable Care Act funds that came to the CT Department of Social Services the following progress has been made:

- The development of an electronic data base to improve the collection, reporting, and analysis of licensing inspection data. At the time of the study, it was all done by paper with no data entry system that allowed for analysis or reporting of findings.
- Funding to programs to improve playground safety equipment; this being the most frequent areas of noncompliance reported by the study (48% were noncompliant).
- The development of a medication administration training program for all child care providers to improve compliance, reduce the probability of medication errors, and promote access to training.

Raised Bill 373 addresses two other recommendations in the report:

- The frequency of unannounced visits to child day care centers/group day care homes and family day care homes to monitor compliance with regulation should be increased as recommended by national organizations. At a minimum they should be conducted annually. As you know, CT regulation requires visits every other year for day care centers and group homes and every third year for family day care homes. This places Connecticut low in the national rankings among states.
- An annual report of findings should be made available in the public domain.

I would like to thank and commend this Committee for developing legislation that would address these two recommendations. The bill as it stands, however, is necessary but not sufficient to rectify the concerns raised in the study. We have to go beyond monitoring to assure quality and standards.

In the Governor's proposed budget and reform agenda, and reflected in CT's Race to the Top – Early Learning Challenge Proposal, are recommendations to improve both access and quality of early care and education. Quality child care licensing is a crucial part of what is needed to protect, nurture and promote optimal development. As the National Association of Regulatory Agencies (NARA) states: "Licensing rules are the threshold of quality care, upon which other quality enhancements are built and substantially influence the larger early care and education system." They note, in their recent Call to Action that many states do not provide the frequency of inspections and effective enforcement to ensure consistent compliance with whatever rules they have developed. Among their recommendations relevant to what our research suggests is needed in CT are three:

- Sound interpretation guides and procedures manuals to help both providers and inspectors to apply the rules correctly, fairly, and consistently. (NARA staff report to us that at least 14 states are developing interpretive guidelines. It would be best if these were available in both English and Spanish.)
- Adequate staffing to support routine monitoring of facilities twice annually, increasing to four or more times annually as needed until satisfactory compliance is stable or the facility is closed. (This is likely too ambitious for CT, but does suggest that our current monitoring schedule is far from the recommended standard.)
- Effective provider support services to promote providers' knowledge, compliance and accountability; the services emphasize compliance-related technical assistance and workforce development.

Assuming the goal is healthy and safe child care environments for all children, it is necessary that the visits be reliable and valid. Otherwise they will only place a burden on providers, create a cost for the state, without improving outcomes for programs and for children. Reliability means a consistency of measurement, so that no matter which licensing professional is conducting the inspection, the results should be the same, rather than subject to the interpretation, experience, or mood of the inspector. In order to assure reliability, a set of interpretive guidelines is needed. The report recommends that CT develop explicit written guidelines, increase training for licensing inspectors on the use of the measures, and that inter-rater reliability for consistency be measured. Validity means that the measures we are using are actually measuring what we want to know. What is the relationship between the items on the inspection form and the actual health and safety of the environments for children? Some have recommended we shorten the list of items, reviewing them to consider which are most essential with regard to compliance with licensure, which might ensure we are actually measuring that which is most significant. This might be one way to redistribute resources – by shortening the items measured, there will be time for more frequent visits.

The study focused on two additional issues of concern:

- Compliance around the management of medications for the increasing numbers of young children who take medications while at their child care programs, be it for allergies, asthma, or acute and chronic illnesses. There were some serious findings of noncompliance in this arena and we are making progress to address this through the development of a best practice curriculum and

training but we need further support from the Department of Public Health to require training in this curriculum and a training system easily accessible to providers in Spanish and English.

- A plan to improve CT's system of health consultation. We are ahead of many states in requiring that licensed child care programs have regular visits from health consultants, but we have not invested in supporting and strengthening the system, which is very much needed. The research finds that centers with consistent visits from health consultants, had higher rates of compliance. The Children's Fund has provided funding to support the system development but we are looking to the state to partner with us on institutionalizing this in CT and we have some ideas of how this can be done.

Again, thank you for taking on this important issue. I appreciate this opportunity to appear before you to share our recommendations about how to use this opportunity to improve the quality of our early care and education programs, based on research and best practices at the national level and here in Connecticut. I would be happy to answer any questions or to provide further information ([meyers@adp.uchc.edu](mailto:meyers@adp.uchc.edu)).